

EAGAR POLICE DEPARTMENT

P.O. Box 1300 / 174 S. Main Street
Eagar, Arizona 85925
www.eagaraz.gov

(928) 333-4127 Administration

(928) 333-4000 (24 Hours)

(928) 333-1674 (FAX)

P.M. Hogan
CHIEF OF POLICE

Troy Czarnyszka
SERGEANT

Michael Sweetser
SERGEANT

Zona Gilliam
OFFICE MANAGER

S.O.S. SAVING OUR SENIORS

Eagar Police Department
Application Form

If you are interested in participating in **Saving Our Seniors**, please fill in this application and return it along with your house key to:

Eagar Police Department
174 S. Main Street
Eagar, AZ

Please Print or Type all the information:

Name: _____

Physical Address: _____

P.O. Box _____ Eagar, AZ 85925

Telephone Number: (_____) _____

Age: _____ Date of Birth: _____

Color of Residence: _____

Additional Residence Information: _____

1st Person to notify in case of an emergency:

Name: _____

Address: _____

Telephone Number: (_____) _____

Relationship: _____

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2nd Person to notify *(To be used if the first person cannot be contacted)*

Name: _____

Address: _____

Telephone Number: (_____) _____

Relationship: _____

Does anyone else have a key to your home? Yes _____ No _____

Who? _____

Address: _____

Telephone Number: (_____) _____

Relationship: _____

Do you have any disabilities? Yes _____ No _____

Please explain: _____

Do you need special medication? Yes _____ No _____

If yes, please explain: _____

Who is your doctor? _____

Address: _____

Telephone Number: (_____) _____

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Do you drive? Yes _____ No _____

License Plate Number: _____

Description of your vehicle: _____

Where is the vehicle usually located? _____

Do you have any animals? Yes _____ No _____

If yes, what kind? _____

Pet's Name(s): _____

Special Interests, Hobbies or Social Organizations? _____

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AGREEMENT FOR PARTICIPATION IN THE **S.O.S. Program** **Saving Our Seniors**

I, the undersigned, agree to the rules of participation in Saving Our Seniors (S.O.S.) as set forth below.

I understand that the purpose of the program is to provide me with a sense of security and independence and that the Police Department will not provide taxi or errand service.

I understand that if I do not call, someone will:

1. Call my residence
2. If they receive no answer they will dispatch a police officer to my residence to check on my well being.

I understand that if I do not answer the door for the officer, and the officer reasonably believes that I may be inside and in need of assistance, the officer will:

1. Use a key to enter my residence
2. If the key does not work, the officer will use whatever force necessary to gain entry into my residence.

I understand that participation in **Saving Our Seniors** is a privilege and the Eagar Police Department reserves the right to discontinue the service should I abuse the intent of the program.

I understand that the Eagar Police Department accepts no responsibility for damages caused in entering my residence under the above stated conditions and agree to all of the terms and conditions set forth in this application.

Signature: _____

Date: _____

Witness: _____

Date: _____

Application Approved: _____

Date: _____